

Part 1: Roles and Responsibilities

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Section 1.1: The Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare and Medicaid Services (CMS), under the U.S. Department of Health and Human Services is the Federal agency that administers the Medicare and Medicaid programs that provide health care to the aged and indigent populations. In Indiana, the Medicaid program provides services to indigent families, children, pregnant women, senior citizens, persons with disabilities, and persons who are blind.

To provide home and community based Medicaid services as an alternative to institutional care, 1915(c) of the Social Security Act allows states to submit a request to CMS, to “waive” certain provisions in the Social Security Act which apply to state Medicaid programs:

1. Comparability of services provided to all Medicaid recipients. A waiver of comparability allows states to offer individuals in target groups services that are different from those the general Medicaid population receives.
2. A waiver of statewideness gives states the option of limiting availability of services to specified geographic areas of the state; and
3. A waiver of income and resource requirements for the Medically Needy permits states to apply different eligibility rules for medically needy persons in the community.

CMS must review and approve all Waiver proposals and amendments submitted by each state. CMS reviews all waiver requests/applications, renewals, amendments, and financial reports. Additionally, CMS performs management reviews of all Home and Community-Based Services (HCBS) Waivers to ascertain their effectiveness, safety, and cost-effectiveness. CMS requires states to assure that federal requirements for waiver service programs are met and verifies that the state’s assurances in their waiver program are being upheld in their day to day operation.

Additional information about CMS is available at <https://www.cms.gov/>.

Section 1.2: The Division of Disability and Rehabilitative Services (DDRS)

A part of the Family and Social Services Administration, DDRS assists people with disabilities and their families who need support to attain employment, self-sufficiency or independence. The Bureaus of Developmental Disabilities Services and Quality Improvement Services are under DDRS’ responsibilities. The DDRS operates the ICF/MR Level of Care Medicaid Waivers and other services for people with developmental disabilities.

Additional information about DDRS is available at <http://www.in.gov/fssa/2328.htm>

Section 1.3: The Bureau of Developmental Disabilities Services (BDDS)

A part of Family and Social Services Administration/Division of Disability and Rehabilitative Services (DDRS), BDDS administers a variety of services for persons with developmental disabilities, which include the Autism, the Developmental Disabilities, and the Support Services Waiver. There are eight District Offices serving specific counties. The Service Coordinators determine eligibility for developmental disabilities' services and facilitate the determination of Level of Care for ICF/MR services.

BDDS has statutory authority over state programs for individuals with developmental disabilities. BDDS is also the placement authority for persons with developmental disabilities and assists with the development of policies and procedures for Indiana Medicaid waivers that serve persons with developmental disabilities.

Additional information about BDDS is available at <http://www.in.gov/fssa/ddrs/2639.htm>
<http://www.in.gov/fssa/files/BDDS.pdf>

Section 1.4: The Bureau of Quality Improvement Services (BQIS)

A part of the Family and Social Services Administration/Division of Disability and Rehabilitative Services, BQIS is responsible for assuring the quality of services delivered to persons in the Autism, Developmental Disabilities and Support Services Waivers. Oversight activities include managing the state's system for reporting instances of abuse, neglect, and exploitation, assuring compliance with Indiana waiver regulations, researching best practices, and analyzing quality data.

Additional information about BQIS is found at <http://www.in.gov/fssa/ddrs/2635.htm>

Section 1.5: The Office of Medicaid Policy and Planning (OMPP)

A part of Family and Social Services Administration (FSSA), OMPP is the State Medicaid Agency. It is responsible to the Centers for Medicare and Medicaid Services for administration and oversight of the Medicaid Waiver program, as well as the funding for nursing facilities and group homes. It is also responsible for the State's Medicaid Health Care Program overall.

Additional information about OMPP may be found at <http://www.in.gov/fssa/2408.htm> and for Medicaid eligibility requirements: <http://member.indianamedicaid.com/am-i-eligible.aspx>

Section 1.6: Indiana Professional Management Group (IPMG)

As the contracted case management agency, IPMG provides case management to participants including implementing the Person Centered Planning process, assisting the participant to identify members of the Individualized Support Team, and developing an Individualized Support Plan prior to developing and submitting to the State, the service plan known as the Plan of Care/Cost Comparison Budget (CCB).

Section 1.7: Division of Family Resources (DFR)

The DFR is the part of FSSA that provides Medicaid and Children's Services, including the First Steps program for infants and toddlers with developmental delays. Offices in each county serve as a single point of entry for many of the social services available to Hoosiers. Some of these services include Temporary Assistance to Needy Families (TANF), Medicaid, Medicaid-Disability, Food Stamps and Hoosier Healthwise.

Additional information about DFR may be found at <http://www.in.gov/fssa/2407.htm>

Section 1.8: Waiver Service Providers

Waiver Services Providers are agencies, companies, and individuals that the Division of Disability and Rehabilitative Services (DDRS) has approved as waiver service providers and that are paid by Medicaid to provide direct services to Medicaid waiver program participants. The waiver participant's chosen case manager will provide a list of available service providers at any time that the participant desires to select or change service providers.

Section 1.9: Hearings and Appeals

Hearings and Appeals is an administrative section within FSSA that receives and processes appeals from people receiving services within any FSSA program and many others. Administrative hearings are held throughout the State of Indiana, usually at county Division of Family Resources locations, at which time all parties have the opportunity to present their case to an Administrative Law Judge.

Section 1.10: Participants and Guardians

It is the policy of the Bureau of Developmental Disabilities (BDDS) that individuals, or their legal representative when indicated, participate actively and responsibly in the administration and management of their Medicaid waiver funded services.

BDDS supports and encourages individual choice in the development of an Individualized Support Plan (ISP) and in the selection of service providers. Successful service delivery is dependent upon the collaboration of the Individualized Support Team (IST) and entities with oversight responsibilities, including the Bureau of Quality Improvement Services (BQIS). The individual receiving services is the most prominent member of the IST, making their participation and cooperation in waiver service planning and administration essential.

Information Sharing

The Individual (or the Individual's legal representative when indicated) shall upon request from BDDS, BQIS or a Division of Disability and Rehabilitative Services (DDRS) contracted vendor, provide information for the purpose of administration and/or management waiver services.

Changing Providers

The individual (or the individual's legal representative when indicated) shall complete all actions as requested by BDDS to secure a replacement provider within:

- 60 days from the date the change is requested; or
- 60 days from when the provider gives notice of terminating services to the individual.

If a new provider is not in place after 60 days, the current provider shall continue to provide services to an individual until BDDS determines it is no longer necessary.

Participating in Risk Plan Development and Implementation

The individual (or the individual's legal representative when indicated) shall participate in:

- the development of risk plans for the individual, per current BDDS and/or BQIS procedures; and
- the implementation of risk plans developed for the individual, in lieu of documented risk negotiation with the individual's Individualized Support Team, and a signed risk non-agreement document.

Allowing Representatives of the State into the Individual's Home

The individual (or the individual's legal representative when indicated) shall allow representatives from BDDS, BQIS and/or a DDRS contracted vendor into the individual's home for visits scheduled at least 72 hours prior

Consequences for Non-Participation

Should an individual (or their legal representative when indicated) choose not to participate actively and responsibly in the administration and management of their Medicaid waiver funded services, BDDS may terminate the individual's waiver services. If BDDS decides to terminate the individual's waiver services pursuant to this policy, BDDS must provide written notice of intent to terminate the individual's waiver services to the individual (or the individual's legal representative when indicated).

Should a termination occur, the individual (or their legal representative when indicated) has a right to appeal the State's decision. Refer to Part 8: Appeal Process of this Manual for further information regarding appeals.

Additional information regarding DRS' policy on this issue can be found here:

[http://www.in.gov/fssa/files/Individual and Guradian Responsibilities.pdf](http://www.in.gov/fssa/files/Individual_and_Guradian_Responsibilities.pdf)